

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005464

AMENDED

Register File District No.

FILED FEB 26 1962

Primary Registration District No.

3005

Registrar's No.

38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUTLER</u>		c. CITY OR TOWN <u>WEST BOONE TWP</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>10 HRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>LEE</u> Last <u>WARREN</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADER</u>		11. BIRTHPLACE (City and state or country) <u>CASS CO., MISSOURI</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jim WARREN</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA BUTLER</u>	
14. NAME OF HUSBAND OR WIFE <u>No</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWII</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>FELIX WARREN</u>		Address <u>MEERWIN, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Injuries - Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture Commotus Rt. Tibia + Fibula - Fracture Rt. Radius</u> DUE TO (c) <u>Compound Fracture Rt. Elbow</u> PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT CAUSES OF DEATH (e.g., disease condition given in PART I (a)) <u>Compound Fracture Rt. Elbow</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 P.M. 2-16-62</u> <u>Dead 6:50</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Struck by K.G. Southern Train</u> <u>South Drexel, Mo.</u>			
20c. TIME OF INJURY Hour <u>7</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Month, Day, Year <u>2/16/62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, m. factory, street, office bldg., etc.) <u>Railroad Rt. Drexel</u>	
20f. CITY, TOWN, OR LOCATION <u>Drexel</u>		COUNTY <u>Bates</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>2-16-62</u> to <u>2-17-62</u> and last saw him alive on <u>2-17-62</u>			
Death occurred at <u>6:50</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carter H. Luter</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Butler, Mo.</u>	
22c. DATE SIGNED <u>2/17/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-19-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SHARON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CASS COUNTY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME</u>		ADDRESS <u>DREXEL, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-17-62</u>		26. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1962

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Larry L. Loebl

Licensed Embalmer No. 5111

P. O. Address Drexel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.